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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/613,156 **Confirmation No.:** 9196
Applicant: Kimio Takahashi
Filed: July 3, 2003
TC/A.U.: 1773
Examiner: Holly C. Rickman
Docket No.: 075834.00410
Customer No.: 33448

AMENDMENT A

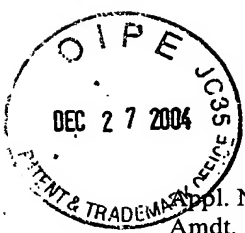
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

In response to the Office Action of September 22, 2004, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

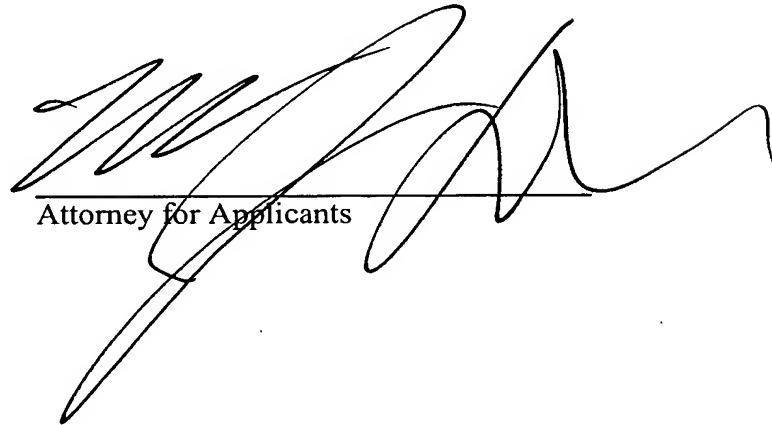


Appl. No. 10/613,156
Amdt. Dated December 22, 2004
Reply to Office Action of September 22, 2004

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PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/613,156
	Filing Date	July 3, 2003
	First Named Inventor	Kimio Takahashi
	Art Unit	1773
	Examiner Name	Holly C. Rickman
Total Number of Pages in This Submission	Attorney Docket Number	075834.00410

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Commissioner is hereby authorized to charge any fees due or credit any overpayment to Deposit account No. 50-1794 CUSTOMER NO. 33448		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Robert J. Depke, Holland & Knight LLP, 131 S. Dearborn St., 30th Fl, Chicago, Illinois 60603		
Signature			
Printed name	Robert J. Depke Esq.		
Date	12/22/04	Reg. No.	37,607

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Typed or printed name	Robert J. Depke Esq.	Date	12/22/04

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